

Stanly County

2014

State of the County Health Report





INTRODUCTION

The 2014 Stanly County State of the County Health (SOTCH) report is a review of health indicators and status applicable to Stanly County residents. The purpose of the SOTCH report is threefold: 1. inform the community and stakeholders about the health status of Stanly County residents; 2. provide a starting point for community involvement in addressing identified health concerns and issues; and 3. satisfy the State of North Carolina requirement that this report be prepared the years the Community Health Assessment (CHA) is not conducted and a report compiled. The most current Stanly County CHA report was prepared in 2013. The 2014 Stanly County SOTCH report complements and updates the information provided in the Stanly County 2013 CHA report. The 2013 CHA report can be accessed on the Stanly County Health Department’s webpage at www.health.co.stanly.nc.us/.

The following chart gives an overview of Stanly County demographic information. Almost 39% of Stanly County’s population is above the age of 65 or below the age of 18. Whites comprise 84.9% of the population with Blacks/African Americans comprising 11.2% of the population. Over 80% have graduated from high school, but only 15.8% have earned at least a bachelor degree. Stanly County has a lower median income than the State as well as a lower percentage of residents living below the poverty level.

Stanly County & North Carolina 2013 ESTIMATED DEMOGRAPHICS*		
Source: United States Census Bureau		
Demographics	Stanly County	North Carolina
Population		
2013 estimate	60,635	9,848,060
Persons under 5 years	5.6%	6.2%
Persons under 18 years	21.8%	23.2%
Persons 65 years and over	17.1%	14.3%
Race		
White alone	84.9%	71.7%
Black/African American alone	11.2%	22.0%
American Indian & Alaska Native alone	0.4%	1.6%
Asian alone	2.0%	2.6%
Native Hawaiian & Other Pacific Islander alone	0.3%	0.1%
Two or more races	1.2%	2.0%
Hispanic or Latino	3.9%	8.9%
Education		
High school graduate or higher; age 25+	80.5%	84.5%
Bachelor degree or higher, age 25+	15.8%	26.8%
Income		
Median household income, 2008-2012	\$43,256	\$46,450
Persons below poverty level, 2008-2012	14.9%	16.8%

(*except where indicated)

2013 COMMUNITY HEALTH ASSESSMENT HEALTH COCERNS & COMMUNITY ISSUES

The 2013 CHA offered the survey participants two focuses: Health and Community Issues. It must be noted that Tobacco Use/Smoking was inadvertently omitted from the survey and Bullying was newly added to the 2013 survey. Nonetheless, there was little difference from the 2011 CHA survey results. Tobacco Use/Smoking, Obesity/Overweight, Illegal Drug Use, and Cancer were the top four Health Problems in the 2011 CHA survey. The top four Community Issues in the 2011 CHA were identical to the 2013 CHA Community Issues.

2013 Community Health Needs Assessment Report				
	Health Issues Overall – Major Problem	%	Community Issues Overall – Major Problem	%
1	Obesity/Overweight	54.27	Unemployment/Underemployment	57.97
2	Illegal Drug Use	50.78	Lack of/Inadequate Health Insurance	33.07
3	Cancer	47.43	Child Abuse & Neglect (physical, emotional, sexual)	28.76
4	Diabetes	43.29	Crime (theft, robbery, etc.)	23.93
5	Inactivity/Lack of Physical Activity	42.80	Bullying	23.70
6	Heart Disease	40.46	Domestic Violence	23.28
7	Teenage Pregnancy	39.62	Inadequate/Unaffordable Housing	22.45
8	Cerebrovascular Disease	32.20	Lack of Transportation	21.55
9	Alcoholism/Alcohol Abuse	29.80	Lack of Recycling	21.28
10	Mental Illness	28.17	Lack of Recreational Facilities	20.98



PRIORITY ISSUES

Priority issues were determined after examining the 2013 CHA results. Obesity and tobacco use continued as priority health issues from 2012. Members of Partners in Health, a Stanly County Health Coalition, selected three additional health issues as priorities: substance abuse (illegal drug use), bullying, and child abuse & neglect.

Obesity

Obesity has been a top five highest rated major health issue the past three CHA report cycles. It was number one in the 2013 CHA. The baseline data from 2005 North Carolina Behavioral Risk Factor Surveillance System (NC BRFSS) found 62% of the adults in the Piedmont region (including Stanly County) were obese or overweight. This data has fluctuated throughout the years – 63% (2010), 65% (2012) and 64.5% (2013). North Carolina Nutrition & Physical Activity Surveillance System (NC NPASS) 2005 baseline data found that 22.3% of Stanly County children (ages 2-4) and 23.4% youth (ages 2-18) in 2007 were obese or overweight. 35.6% of the youth were overweight or obese according to the 2009 NC-NPASS data. In 2012, 29.3% of the Stanly County children (ages 2-4) were obese or overweight. (2012 NC-NPASS)

Interventions addressing obesity have been offered throughout the community that emphasize nutrition and/or increased physical activity. The Stanly Commons Farmers' Market expanded its services this year to provide access to lower income people. This year SNAP/EBT was accepted at the Farmers' Market. Women, Infants, & Children Program (WIC), also, provided food coupons to clients to access fresh produce and meats from the Farmers' Market.

Occasionally cooking demonstrations highlighted how to cook available food items to create interest in that food product and to help people to know how to prepare it. Plus, the aroma of cooking food drew people over to the Farmers' Market. To introduce healthy food to children, the Little Farmer's Corner was established. Courtney Swain, the Family & Consumer Sciences Agent with Cooperative Extension Services, presented programs the first Monday of the month to introduce children to different produce.

Passport to Fitness, a health promotion program funded by Stanly Regional Medical Center Foundation and Duke Endowment, has incorporated nutrition lessons and increased physical activity to reduce childhood obesity, in grades K-5. For the 2013-2014 school year, six schools had decreases from the previous year in the percentage of overweight/obese children, one school experienced no change, and four schools had an increase in the percentage of overweight/ obese/ children. Overall, there was a net decrease in the percentage of overweight/obese children in the Stanly County Elementary Schools of 0.84%. The incidence of obesity is trending in the right direction. Stanfield Elementary School children had the highest decrease in overall overweight/obesity, with an 11.35% decrease. Children attending Badin and Aquadale Elementary Schools had the next highest percentage decreases at 8.50% and 8.08% respectively. Locust Elementary School had the highest increase in overweight/ obese children at 8.09%. Oakboro and Richfield Elementary Schools had the next highest increase in the percentage of overweight/obese children at 6.10% and 5.0% respectively.

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Search for Gold is a physical activity promotion contest where gold painted shoes are hidden in all the parks in the county for a period of time during the spring to promote use of parks. In 2014, 75% of the shoes returned during the event. This was an increase from 2013 when 68% of the shoes were returned.

Tobacco Use

Tobacco Use was a top five major health issue in the 2007 and 2011 CHAs. It was unintentionally omitted as a selection on the 2013 CHA survey. According to the 2013 BRFSS, there was a decrease in the number of people reporting that they currently use a tobacco product in the Piedmont region. In 2013, 19.2% reported being a current smoker compared to 19.9% in 2012. Adults reporting that they used chewing tobacco/snuff in BRFSS were 3.3% (2013) and 3.7% (2012).

The most current data available was listed in the 2013-2016 Action Plan. According to the 2011 NC Youth Tobacco Survey, 47% of Piedmont high school students and 23% middle school students have used a tobacco product. 20.4% of the Piedmont high school students and 6% middle school students currently use a tobacco product. (2011 NC Youth Tobacco Survey).

Dangers of Smoking, an intervention curriculum, was presented to three West Stanly Middle School classes this past spring. The promotion of Quitline has been ongoing. Quitline information has been posted on the three TVs (health department clinical waiting room/waiting room and The Stanly Commons as well as the outdoor digital sign (at The Stanly Commons). A no smoking policy is now adopted for all parks under the management of Albemarle Parks & Recreation. A smoking cessation program is held at Stanly Regional Medical Center with Jennifer Layton (Stanly

County Health Department) and Crystal Eagle (Stanly Regional Medical Center), health educators, leading the classes. Three classes have been held since November 2013 with 12 participants successfully completing the program.

Illegal Drug Use/Substance Abuse

Unintentional poisoning is a major outcome in the use of illegal drugs and abuse of legal medications in Stanly County. This priority issue is being approached twofold – substance abuse prevention and injury prevention. Illegal drug use was listed as the second highest health issue on the 2013 CHA and the third highest on the 2011 CHA. The number of deaths attributed to accidental poisoning/exposure to narcotics/psychodysleptics (hallucinogens) averages 6.8 deaths per year in Stanly County....the overwhelming majority occurring in white males. (NC State Center for Health Statistics) In 2013 and 2012, five deaths each year were attributed to this. (NC State Center for Health Statistics) A community concern that might be associated with the use of illegal drugs is Crime. Crime (theft, robbery) was listed as the fourth highest major community issue in the 20011 and 2013 CHAs.

The substance abuse prevention component is being addressed by installing two permanent prescription drug drop boxes at secured sites. Albemarle Police Department (203 N. Second Street) has one drug drop box installed at this time. There have been 39,066 grams of pills dropped off at the Albemarle drug drop box from August 1, 2014, through December 31, 2014. Efforts are underway to have a drug drop box installed at the Oakboro Police Department. The expected outcome of having these drug drop boxes available in Stanly County throughout the year is to decrease the quantity of unused prescription medications available for abuse. Injury prevention component involves efforts to work with community partners (medical providers, Stanly EMS, behavioral health care providers, health department staff) to promote the availability of naloxone for family members and/or care providers of those at risk for opioid overdoses. Efforts are underway by Stanly Regional Medical Center and medical providers to promote safe prescription pain medication use to the public.

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There have been 14 Darkness to Light training sessions held in Stanly County with 234 participants in 2014.

Child Abuse & Neglect

Child abuse & neglect has been the third highest community issue of the 2013 and 2011 CHAs. There was an 11% increase in the number of abuse cases (Stanly County residents) seen at the Butterfly House July 2013 through June 30, 2014. There were 73 cases reported during that time span – 57 sexual abuse, 5 physical abuse, 5 neglect, 2 witness to violent crime, and 4 emotional/psychological abuse. A community-wide push has been initiated to offer the Darkness to Light program, a national

campaign to prevent child sexual abuse, throughout the county. The Stanly County Family YMCA is the lead agency and coordinating the Darkness to Light program training sessions. There are nine authorized facilitators from local agencies (YMCA, health department, Butterfly House, Partnership for Children, Stanly County School system) that are trained to present this program to health and human service organizations, civic groups, schools, and churches. There have been 14 Darkness to Light training sessions held in Stanly County with 234 participants in 2014. It is possible that the number of reported cases of sexual abuse will initially rise with this increased awareness.

Bullying

Bullying was added to the 2013 CHA Community Issues list and it ranked fifth as a major problem. Much has been done to increase awareness of the various types of bullying in individual schools and select police departments. The Stanly County Sheriff's Office is exploring the possibility of instituting Badges Against Bullies in conjunction with the Stanly County School System. Much more will be done, especially following a September 2014 shooting incident at Albemarle High School that was allegedly a response to bullying. The following highlight the concerns of selecting bullying as a priority issue: 1. inadequate quantifiable data to verify community need and establish a baseline to measure and monitor progress; 2. identification of lead agencies/organizations to lead the efforts; and 3. availability of viable evidence-based interventions. These three issues are in the process of being assessed and determined if this is an appropriate community issue priority.



IDENTIFY EMERGING ISSUES

Asthma in Children

"Asthma is the leading, chronic health condition reported by North Carolina public schools." (<http://www.asthma.ncdhhs.gov/docs/factsheets/ChildrenAndAsthmaInNorthCarolina>) Children, ages 0-14, accounted for 25% of all hospitalization of Stanly County residents in 2012 with a primary diagnosis of asthma. (NC State Center for Health Statistics) However, the rate of hospitalization for children (ages 0-14) has been decreasing since 2006 when it comprised 47% of the total hospitalizations with a primary diagnosis of asthma. (NC State Center for Health Statistics)

Nonetheless, secondhand smoke is one of the primary triggers for children to develop asthma as well as initiate asthma attacks. Children are diagnosed more with asthma in homes where smoking occurs. Why are children vulnerable? "The developing lungs of young children are severely affected by exposure to secondhand smoke for several reasons including that children are still developing physically, have higher breathing rates than adults, and have little control over their indoor environments."(<http://www.lung.org/>)

Day Care Health Services for Adults

One emerging issue is the aging population in Stanly County. The fastest growing population segment in Stanly County is 60-65 year old. As one ages, more services are usually needed. The availability of services for adults needing care is limited in Stanly County. The CARE (Community Adult Respite Experience) Café provides caregivers limited time off throughout the week as well as provide its participants much needed social interaction. There are four assisted living facilities (Spring Arbor of Albemarle, The Taylor House, Trinity Place, and Woodhaven Court) and four nursing home care facilities (Bethany Woods Nursing & Rehabilitation Center, Forrest Oakes Healthcare Center, Stanly Manor, and Trinity Place) available in Stanly County. One considerable service gap is the availability of services for adults who need assistance throughout the day, but do not require the services of a nursing home. They live with family members, but it is not safe to leave them home alone while family members go to work.

Mental Health Services

The need for emergency and long term mental health services for Stanly County residents is becoming more apparent. There were 9.7% Piedmont residents who responded on the 2013 BRFSS survey that they had “a mental health condition or emotional problem that kept them from doing their work or other usual activities” within the past 30 days. The suicide mortality rate in Stanly County is trending upward and is higher than the overall State average. Overwhelming majority of suicides involve white males and the use of firearms. (NC State Center for Health Statistics)



IDENTIFY NEW INITIATIVES

Adult Day Care Health Services Initiative

The Adult Day Care Health Services Initiative has been established to address the need for adult day care health services in Stanly County. This service is a satellite location for Coltrane L.I.F.E. Center, an adult day care health center for adults that offers day time programs for adults in Concord, NC. A site has been identified and architecture plans developed. Fund raising efforts are now underway.

Bridge to Recovery

Bridge to Recovery (BTR), a Christian based substance and alcohol abuse treatment facility, expanded its services May 2014 to assist women. Men have had these services available to them since October 2011. BTR provides transitional housing for those waiting long term placement in alcohol or substance abuse rehabilitation facilities.

Child Passenger Safety Seat Diversion

The Child Passenger Safety Seat Diversion Program was established in Stanly County February 2014. It allows violators of the North Carolina Child Passenger Safety Law the chance to learn how to properly install child passenger safety seats and have their charge dismissed. Certified Child Passenger Safety Technicians teach violators how to correctly install a child’s car or booster seat. Trainings are held on the first Thursday of each month from 10am to 2pm and the third Thursday from 2pm-6pm at EMS Base One, 114 Bethany Road, Albemarle.

Minority Health Council

The Minority Health Council was established July 2014 to address health disparities among minority residents of Stanly County. This Council is comprised of African American and Hispanic-Latino residents. While in its formative stage, the Minority Health Council has established its mission statement and goals and has become a subcommittee of Partners in Health Coalition. The focus at this time is to become more aware of resources available to minority residents in Stanly County. To accomplish this, agency/organization speakers are being invited to each Council meeting.



SELECTED HEALTH INDICATORS

The following selected health indicators are a snapshot of the health of Stanly County residents.

Stanly County 2014 Summary Report

(Data source: North Carolina State Center for Health Statistics, except where noted)

	Health Indicator	Report Period	Stanly County	Previous Report Year Comparison	North Carolina
Maternal, Child & Infant Health	Infant Mortality (<1 yr.) (rate/1,000 live births)	2009-13	5.7	▼	7.3
	Fetal Deaths (per 1,000 deliveries)	2009-13	7.8	▲	6.6
	Neonatal Deaths (<28 days) (per 1,000 live births)	2009-13	4.2	▼	5.0
	Post-Neonatal Deaths (28 days-1 year) (per 1,000 live births)	2009-13	1.5	▼	2.3
	Live Births (rate per 1,000 population)	2009-13	10.9	▼	12.6
	Low Birth Weight (<=2500 g) (% of all live births)	2009-13	9.8	▼	9.0
	Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Live Births + Induced Abortions + Fetal Deaths	2013	35.7	▼	35.2
	Unmarried Mothers (% of all live births)	2009-13	42.6	▲	41.5
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population)	Heart Disease	2009-13	227.9	▲	170.0
	Cancers – All Sites	2009-13	181.1	▼	173.3
	Trachea, Bronchus & Lung	2009-13	55.8	▼	51.6
	Breast*	2009-13	21.1	▲	21.7
	Colon, Rectum & Anus	2009-13	15.6	▲	14.5
	Prostate*	2009-13	14.4	▼	22.1
	Cerebrovascular Disease (Stroke)	2009-13	46.9	▼	43.7
	Chronic Lower Respiratory Disease	2009-13	49.0	▲	46.1
	Alzheimer's Disease	2009-13	31.6	▼	28.9
	Pneumonia & Influenza	2009-13	24.2	▼	17.9
	Diabetes Mellitus	2009-13	20.0	▼	21.7
	Septicemia	2009-13	16.4	▲	13.3
	Nephritis, Nephrotic Syndrome & Nephrosis	2009-13	14.1	▼	17.6
	Chronic Liver Disease & Cirrhosis*	2009-13	7.8	▼	9.5
Injury (Mortality rate per 100,000 population)	Motor Vehicle Injuries	2009-13	16.1	▼	13.7
	All Other Intentional Injuries	2009-13	37.1	▼	29.3
	Suicide	2009-13	17.1	▲	12.2
	Homicide*	2009-13	5.2	▲	5.8
	Communicable Diseases (rate per 100,000 population) Data collected by NC EDSS Surveillance	Chlamydia	2013	303.8	▲
Gonorrhea		2013	90.8	▲	140.1
HIV Disease (age-adjusted mortality rate) {data source: NCSCHS}		2009-13	0.7	◀▶	2.9
AIDS		2013	18.2	▲	9.2 ³
HIV		2013	2.8	▼	15.6 ³
Primary & Secondary Syphilis		2013	1.7	▲	4.3
Early Syphilis (Primary, Secondary, Early Latent)		2013	5.0	▲	6.9
Pertussis		2013	4.9	▼	6.4
Tuberculosis	2013	0	◀▶	2.2	
Health Care Provider[^]	Persons per Primary Care Physician[#]	2011	1,595	▲	1,158
	Persons per Primary Care Physician plus Extenders⁺	2011	1,086	▲	714
	Persons per Registered Nurse	2011	140	▼	101
	Persons per Dentist[§]	2011	3,789	▼	2,296

Notes: Key: (▲ =higher; ▼ =lower; ◀▶ =same)

* Fewer than 50 deaths

³artificially inflated due to incomplete interstate deduplication

[^]Health care providers are by county of practice

[#]Active federal and nonfederal physicians in general or family practice, internal medicine, pediatrics, and obstetrics/gynecology

⁺Nurse practitioners and physician assistants – each weighed .66 of a physician & added to the number of primary care physicians.

[§]Active federal & Nonfederal



DISCUSSION

Focusing on obesity and smoking/tobacco use is prudent as the five top causes of mortality in Stanly County are heart disease, cancer-all sites, trachea/bronchus/lung cancer, chronic lower respiratory disease, and cerebrovascular disease. These chronic conditions plus diabetes mellitus are associated with one or both of those health concerns. While it is troubling that heart disease and chronic lower respiratory disease are trending upward, it must be noted that trending lower are cancer-all sites, trachea/bronchus/lung cancer and diabetes mellitus. It is a good start to address obesity and smoking prevention activities in youth, but this focus is a long term solution. What resources are available to provide short term solutions to those using tobacco products or who are obese? Quitline and smoking cessation programs provide a short term solution for those wishing to stop smoking. Community resources for those dealing with obesity include Stanly Regional Medical Center surgical and nonsurgical solutions as well as private enterprise sources. Stanly Regional Medical Center offers a diabetes education program, but its availability is limited.

The number of suicide deaths in Stanly County is trending upward. The Mayo Clinic cites several reasons for suicides. For some it may be the effect of misusing legal medications, alcohol and/or using illegal drugs. Hopefully, establishing prescription drug drop boxes in the community that can be accessed Monday-Friday 8am-5pm will decrease access to unused medications. Efforts are underway to provide health care providers and pharmacists information, so they can detect and limit “doctor shopping” for opioids, such as “hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs.” (<http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/what-are-opioids>) People dealing with mental health issues, such as depression, bullying, family conflict/loss, physical/sexual abuse, etc., may be prone to commit suicide. Sexuality issues, such as an unplanned pregnancy, sexually transmitted disease, and sexual orientation issues can lead to suicide. As was indicated in the focus groups, there is a lack of emergency mental health services available in Stanly County...especially for youth.

The incidence of sexual transmitted diseases (STDs) is trending upward in Stanly County. Specifically, the rate of chlamydia, gonorrhea, primary & secondary syphilis, early syphilis and AIDS is trending upward. Youth are required to be taught about STDs in school, so that should lead to more responsible behavior. Outreach activities providing information to adults about STDs are limited. The Stanly County Health Department does provide STD education outreach to churches, agencies, and schools when requested.

Overall infant mortality has decreased in Stanly County. The infant mortality rate is lower than the State’s, except for fetal deaths. The Stanly County rate of fetal deaths was higher. The Stanly County rate of neonatal and post-neonatal deaths is lower than the five year previous time period. Another positive indicator is a decrease in the rate of low birthweight infants. The teen pregnancy rate in Stanly County is slightly higher than the State’s rate, but it is trending downward. The percentage of unmarried mothers for 2009-13 was 42.6% of all live births. This percentage is trending upward and is slightly higher than the State’s percentage (41.5%). Stanly County Health Department is reestablishing its Postpartum-Newborn Screening Program in 2015. This program involves a Public Health Nurse (RN) making a home visit to a new mom. Services provided include a health assessment of the new mom, weighing and assessing the baby, offering breastfeeding assistance, parenting tips, educational materials, information about

community resources and social support as well as assistance with appointments or referrals when needed. This program will definitely be beneficial for new and/or teen mothers as well as unmarried mothers.

In 2011, there were fewer primary care providers (with or without extenders) available per resident in Stanly County than in 2009. With an aging population, that could be problematic. However, there are more registered nurses and dentists available per Stanly County resident in 2011 than 2009. What that data does not tell is the glaring lack of dental care available for low income adults in Stanly County. However, the dental clinic for children located at the Stanly County Health Department expanded its services when two additional examining rooms were constructed.



OVERALL

Overall, the health of Stanly County residents has improved when looking at current chronic disease and infant mortality data. With the availability of health insurance through the Affordable Care Act, previously uninsured residents will be able to access timely health care. Two urgent care facilities are currently available in Stanly County. Stanly Regional Medical Center is now a part of Carolinas HealthCare System. This has the potential to provide needed specialty health care services locally. There is still a need for emergency mental health services as well as residential facilities for those with addictions as well as other mental health issues.

Reproductive health issues are a concern. The incidence of reported STDs in Stanly County is trending upward. It is welcome that the teen pregnancy rate is trending downward, but it is still too high. Unmarried women having children is trending upward. Teenage women and/or unmarried women having children increase the likelihood of educational, social and financial challenges for these women.

There are several ongoing initiatives underway to address Health and Community Issues identified on the 2013 CHA. The farmers' markets are introducing residents to a variety of locally grown fruits and vegetables as well as beef, chicken, pork, and lamb products. Small businesses are being established to provide fresh meat products throughout the year. This improves the quality of food as well as the local economy. All communities have parks where people can participate in various physical activities. Elementary schools have playgrounds that are safe and inviting where children can play and be physically active.

One indispensable resource in Stanly County that addresses many quality of life issues for infants, children and adults is the Partners in Health Coalition. This coalition of community, agency and interested individuals work together to address identified acute and chronic health needs. It meets bi-monthly and it is comprised of subgroups that meet independently of the main group to work on projects. These subgroups include: Stanly County Children's Alliance, Healthy Weighs, Safe Kids and the newly formed Minority Council. Project Lazarus is a subcommittee that will be added in 2015 to address substance abuse issues. Members of this coalition are actively looking to make Stanly County a healthier and more productive community.